

Food Service Plan Review Questionnaire

Establishment Name			
Owner's Name		Phone #	
Physical Address			
Mailing Address			
City, State, Zip			
Est. Completion Date		Seating Capacity	
Menu Description			

Please complete and return the following questionnaire (front & back) along with the layout plan (drawn to at least a minimum scale of 1/4" = 1 foot) depicting the kitchen area, at least 30 days prior to the beginning of any construction.

1. Has a scaled drawing showing the layout of the food service establishment (especially the preparation and dispensing area) been provided to the State Health Department for review? Yes ☐ No ☐

Date Submitted

2. Water Supply: Public ☐ Private ☐ Rural Water ☐

Note: Private water systems must be analyzed for bacteriological and nitrate contamination. Attach a copy of the laboratory results.

3. Sewer System: Public ☐ Private ☐

Note: Private sewer systems must be approved by the Department of Environment and Natural Resources. Please contact DENR at (605)773-3351 for more information on obtaining Sewer System approval.

4. Please describe the floor, wall, and ceiling coverings in the kitchen:

Floor:	
Wall:	
Ceiling:	

5. Are floor/wall junctures sealed? Yes ☐ No ☐

6. List what cooking equipment will be used:

7. Are hood ventilation systems provided over all cooking equipment? Yes ☐ No ☐

8. Does the hood contain removable metal grease filters? Yes ☐ No ☐

9. Does the hood extend a minimum of 6" over each side and the front and back of all cooking equipment? Yes ☐ No ☐

10. What type of material is used on the following surfaces:

Prep/Work Tables	Dry Storage Shelves
Counter Tops	Cooler/Freezer Shelves

11. Are all lights in the food preparation area, display area, walk-in coolers, and utensil washing areas provided with protective shields or shatterproof bulbs? Yes ☐ No ☐

12. What type(s) of utensil washing facilities are provided? Commercial Dishwasher ☐ 3-Compartment Sink ☐

13. Make & Model of Dishwasher: Chemical Sanitizer ☐ Hot Water Sanitizer ☐

NOTE: In those establishments equipped with a commercial dishwasher, it is recommended that a three-compartment sink also be provided. This will enable the business to continue operation should the commercial dishwasher malfunction. A booster heater must be provided on hot water sanitizing units. Adequate drain boards/dish tables must be provided for the commercial dishwasher.

14. Are attached drain boards provided for the 3-compartment sink? Yes ☐ No ☐

NOTE: A drain board area of at least 18 inches in length and as wide as the sink must be provided immediately after the sanitizing rinse sink.

15. Is a separate hand-washing lavatory provided in the food preparation area with hot and cold water delivered through a mixing faucet? Yes ☐ No ☐

NOTE: Additional hand-washing lavatories may be required depending on the size of the kitchen and the convenience and accessibility of the lavatories provided.

16. Is a mop sink or janitor's sink provided? Yes ☐ No ☐

Where is it located?

Note: In all new or extensively remodeled food service establishments, a separate janitor's sink or utility sink must be provided.

17. Is a separate prep sink or vegetable sink provided for washing and rinsing of food items? Yes ☐ No ☐

A. Has it been plumbed with a physical air break on the drain? Yes ☐ No ☐

NOTE: A prep sink is required in all full-service food service establishments and those in which preparation requires the soaking, washing or draining of food products. All prep or vegetable sinks must be installed with a physical air break on the drain.

18. Number of Restroom Fixtures:

	Men's	Women's
Number of Restrooms		
Toilets		
Urinals		
Lavatories		

19. Are all restrooms mechanically vented to the outside? Yes ☐ No ☐

20. Are hot holding units provided? Yes ☐ No ☐

If Yes, what type?

21. How many cubic feet of refrigeration is provided?

Cubic Feet

22. How many cubic feet of freezer space is provided?

Cubic Feet

23. Name of person-in-charge who has completed manager certification course

A. Sponsor of course

B. Date of the course

C. Certificate Number

NOTE: If course was taken out of state, send copy of certificate with this form.

**SEND YOUR COMPLETED
QUESTIONNAIRE AND LAYOUT PLAN**

TO:

Office of Health Protection
600 E Capitol Ave
Pierre SD 57501-2536
Phone: (605)773-3364
Fax: (605)773-5904
www.state.sd.us/doh